

HOUSE BILL No. 1172

DIGEST OF HB 1172 (Updated January 24, 2008 11:01 am - DI 77)

Citations Affected: IC 16-18; IC 16-20; IC 16-22; IC 16-27; IC 16-28; IC 25-1; IC 25-2.5; IC 25-13; IC 25-14; IC 25-20.5; IC 25-23; IC 25-23.3; IC 25-23.5; IC 25-23.6; IC 34-30; noncode.

Synopsis: Various professions and occupations. Requires a home health agency and a personal services agency to obtain an employee's limited criminal history not more than three business days after the date that an employee begins to provide services. Requires a home health agency and a personal services agency to obtain an employee's national criminal history background check if the agency discovers that the employee lived in another state at any time during the two years immediately before the date the individual was hired by the agency. Establishes criteria when a nursing home is not required to provide cardiopulmonary resuscitation or other intervention on a patient who has died. Removes the licensure and physician referral requirements to receive acupuncture. Amends the places a dental hygienist may practice under direct supervision, prescriptive supervision, and without supervision of a dentist. Establishes requirements for a dental hygienist to administer local dental anesthesia. Requires a dental assistant to work under the direct supervision of a dentist. Specifies certain procedures that may and may not be delegated to a dental assistant. Exempts licensed mental health counselors from the licensed hypnotist requirements. Establishes the interstate nurse licensure compact beginning July 1, 2009. Allows the state board of nursing to issue a registered nurse's license to an applicant who completes the Canadian Registered Nurse Examination. Requires part of the examination and registration fees collected by the board to be used for the rehabilitation (Continued next page)

Effective: Upon passage; July 1, 2008.

Welch, Brown C

January 10, 2008, read first time and referred to Committee on Public Health. January 24, 2008, amended, reported — Do Pass.



Digest Continued

of impaired registered nurses and impaired licensed practical nurses. Establishes the amount of fees to be deposited in the impaired nurses account. Allows an optometrist to refer patients to an occupational therapist. Establishes licensing and continuing education requirements for marriage and family therapist associates. Requires marriage and family therapists to meet certain clinical requirements and hold an associate license or be licensed in another state to receive a license. Makes conforming changes. Repeals a provision that abolishes and transfers the rights, powers, and duties of the state board of examination and registration of nurses.





Second Regular Session 115th General Assembly (2008)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in this style type, and deletions will appear in this style type.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or *this style type* reconciles conflicts between statutes enacted by the 2007 Regular Session of the General Assembly.

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HOUSE BILL No. 1172

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A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

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Be it enacted by the General Assembly of the State of Indiana:

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SECTION 1. IC 16-18-2-204.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 204.5. "Limited criminal history", for purposes of IC 16-27-2, has the meaning set forth in IC 16-27-2-2.6.

SECTION 2. IC 16-20-1-14, AS AMENDED BY P.L.121-2007, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 14. (a) Local health officers may appoint and employ public health nurses, environmental health specialists, computer programmers, clerks, other personnel, and an administrator of public health, subject to the confirmation of the local board of health, as is necessary and reasonable to carry out and perform the duties of the local health department.

(b) Except as provided in subsection (d), the employees of local health departments shall perform any of the duties of the health officer delegated by the health officer, with the approval of the local board of health, on the basis of an agent-principal relation.



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1	(c) The public health personnel of local health departments:	
2	(1) must meet the minimum qualification requirements of the	
3	local board of health;	
4	(2) by local ordinance, become part of the county classification	
5	system for the respective public health personnel positions; and	
6	(3) shall perform additional duties prescribed by the rules of the	
7	state department and local board of health under the general	
8	supervision of the local health officer.	
9	(d) If an appointee or employee of a local health officer is not a	
10	licensed water well driller under IC 25-39-3, the appointee or employee	
11	may not inspect the drilling of a water well.	
12	(e) After a dentist licensed under IC 25-14 who is employed by a	
13	local health department examines a child enrolled in any grade up to	
14	and including grade 12 and prescribes a treatment plan in writing for	
15	the child, a licensed dental hygienist employed by the local health	
16	department may, without supervision by the dentist, provide the child	
17	with the following treatment in accordance with the treatment plan:	
18	(1) Prophylaxis.	
19	(2) Fluoride application.	
20	(3) Sealants.	
21	However, the treatment must be completed not more than ninety (90)	
22	days after the dentist prescribes the treatment plan. This subsection	
23	expires June 30, 2009.	
24	SECTION 3. IC 16-22-8-34, AS AMENDED BY P.L.121-2007,	
25	SECTION 2, AS AMENDED BY P.L.194-2007, SECTION 4, AND	
26	AS AMENDED BY P.L.215-2007, SECTION 2, IS CORRECTED	
27	AND AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1,	
28	2008]: Sec. 34. (a) The board or corporation may do all acts necessary	
29	or reasonably incident to carrying out the purposes of this chapter,	
30	including the following:	
31	(1) As a municipal corporation, sue and be sued in any court with	
32	jurisdiction.	
33	(2) To serve as the exclusive local board of health and local	
34	department of health within the county with the powers and duties	
35	conferred by law upon local boards of health and local	
36	departments of health.	
37	(3) To adopt and enforce ordinances consistent with Indiana law	
38	and administrative rules for the following purposes:	
39	(A) To protect property owned or managed by the corporation.	
40	(B) To determine, prevent, and abate public health nuisances.	
41	(C) To establish isolation and quarantine regulations impose	

restrictions on persons having infectious or contagious



1	diseases and contacts of the persons, and regulate the	
2	disinfection of premises. in accordance with IC 16-41-9.	
3	(D) To license, regulate, and establish minimum sanitary	
4	standards for the operation of a business handling, producing,	
5	processing, preparing, manufacturing, packing, storing,	
6	selling, distributing, or transporting articles used for food,	
7	drink, confectionery, or condiment in the interest of the public	
8	health.	
9	(E) To control:	
10	(i) rodents, mosquitos, and other animals, including insects,	
11	capable of transmitting microorganisms and disease to	
12	humans and other animals; and	
13	(ii) the animals' breeding places.	
14	(F) To require persons to connect to available sewer systems	
15	and to regulate the disposal of domestic or sanitary sewage by	
16	private methods. However, the board and corporation have no	4
17	jurisdiction over publicly owned or financed sewer systems or	
18	sanitation and disposal plants.	
19	(G) To control rabies.	
20	(H) For the sanitary regulation of water supplies for domestic	
21	use.	1
22	(I) To protect, promote, or improve public health. For public	
23	health activities and to enforce public health laws, the state	
24	health data center described in IC 16-19-10 shall provide	
25	health data, medical information, and epidemiological	
26	information to the corporation.	
27	(J) To detect, report, prevent, and control disease affecting	1
28	public health.	
29	(K) To investigate and diagnose health problems and health	1
30	hazards.	
31	(L) To regulate the sanitary and structural conditions of	
32	residential and nonresidential buildings and unsafe premises.	
33	(M) To regulate the remediation of lead hazards.	
34	(M) To license and regulate the design, construction, and	
35	operation of public pools, spas, and beaches.	
36	(N) (O) To regulate the storage, containment, handling, use,	
37	and disposal of hazardous materials.	
38	(O) (P) To license and regulate tattoo parlors and body	
39	piercing facilities.	
40	(Q) To regulate the storage and disposal of waste tires.	
41	(4) To manage the corporation's hospitals, medical facilities, and	
42	mental health facilities.	



1	(5) To furnish provide school based health and nursing services.
2	to elementary and secondary schools within the county.
3	(6) To furnish medical care to the indigent within insured and
4	uninsured residents of the county. unless medical care is
5	furnished to the indigent by the division of family resources.
6	(7) To furnish dental services to the insured and uninsured
7	residents of the county. including the services as provided in
8	subsection (c) until the expiration of subsection (c).
9	(7) (8) To determine the establish public health policies and
10	programs. to be carried out and administered by the corporation.
11	(8) (9) To adopt an annual budget ordinance and levy taxes.
12	$\frac{(9)}{(10)}$ To incur indebtedness in the name of the corporation.
13	(10) (11) To organize the personnel and functions of the
14	corporation into divisions. and subdivisions to carry out the
15	corporation's powers and duties and to consolidate, divide, or
16	abolish the divisions and subdivisions.
17	(11) (12) To acquire and dispose of property.
18	(12) (13) To receive charitable contributions and gifts as provided
19	in 26 U.S.C. 170.
20	(13) (14) To make charitable contributions and gifts.
21	(14) (15) To establish a charitable foundation as provided in 26
22	U.S.C. 501.
23	(15) (16) To receive and distribute federal, state, local, or private
24	grants.
25	(16) (17) To receive and distribute grants from charitable
26	foundations.
27	(17) (18) To establish nonprofit corporations and enter into
28	partnerships and joint ventures to carry out the purposes of the
29	corporation. This subdivision does not authorize the merger of the
30	corporation with a hospital licensed under IC 16-21.
31	(18) (19) To erect, improve, remodel, or repair corporation
32	buildings. or structures or improvements to existing buildings or
33	structures.
34	(19) (20) To determine matters of policy regarding internal
35	organization and operating procedures.
36	(20) (21) To do the following:
37	(A) Adopt a schedule of reasonable charges for nonresidents
38	of the county for medical and mental health services.
39	(B) Collect the charges from the patient, the patient's
40	insurance company, or from the governmental unit where the
41	patient resided at the time of the service. a government
42	program.



1	(C) Require security for the payment of the charges.
2	(21) (22) To adopt a schedule of and to collect reasonable charges
3	for patients able to pay in full or in part. medical and mental
4	health services.
5	(22) (23) To enforce Indiana laws, administrative rules,
6	ordinances, and the code of the health and hospital corporation of
7	the county.
8	(23) (24) To purchase supplies, materials, and equipment. for the
9	corporation.
10	(24) (25) To employ personnel and establish personnel policies.
11	to carry out the duties, functions, and powers of the corporation.
12	(25) (26) To employ attorneys admitted to practice law in Indiana.
13	(26) (27) To acquire, erect, equip, and operate the corporation's
14	hospitals, medical facilities, and mental health facilities.
15	(27) (28) To dispose of surplus property in accordance with a
16	policy by the board.
17	(28) (29) To determine the duties of officers and division
18	directors.
19	(29) (30) To fix the compensation of the officers and division
20	directors.
21	(30) (31) To carry out the purposes and object of the corporation.
22	(31) (32) To obtain loans for hospital expenses in amounts and
23	upon terms agreeable to the board. The board may secure the
24	loans by pledging accounts receivable or other security in hospital
25	funds.
26	(32) (33) To establish fees for licenses, services, and records. The
27	corporation may accept payment by credit card for fees.
28	IC 5-14-3-8(d) does not apply to fees established under this
29	subdivision for certificates of birth, death, or stillbirth
30	registration.
31	(33) (34) To use levied taxes or other funds to make
32	intergovernmental transfers to the state to fund governmental
33	health care programs, including Medicaid and Medicaid
34	supplemental programs.
35	(b) The board shall exercise the board's powers and duties in a
36	manner consistent with Indiana law, administrative rules, and the code
37	of the health and hospital corporation of the county.
38	(c) After a dentist licensed under IC 25-14 who is employed by a
39	local health department or the health and hospital corporation
40	examines a child enrolled in any grade up to and including grade 12
41	and prescribes a treatment plan in writing for the child, a licensed

dental hygienist employed by the local health department or the health



and hospital corporation may, without supervision by the dentist, provide the child with the following treatment in accordance with the treatment plan:

- (1) Prophylaxis.
- (2) Fluoride application.
 - (3) Sealants.

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However, the treatment must be completed not more than ninety (90) days after the dentist prescribes the treatment plan. This subsection expires June 30, 2009.

SECTION 4. IC 16-27-2-2.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 2.6. As used in this chapter, "limited criminal history" means an individual's limited criminal history from the Indiana central repository for criminal history information established under IC 10-13-3.

SECTION 5. IC 16-27-2-4, AS AMENDED BY P.L.197-2007, SECTION 9, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 4. (a) A person who operates a home health agency under IC 16-27-1 or a personal services agency under IC 16-27-4 shall apply, not more than three (3) business days after the date that an employee begins to provide services in a patient's temporary or permanent residence, for a determination concerning copy of the employee's national limited criminal history background check from the Indiana central repository for criminal history information under IC 10-13-3-39. IC 10-13-3. However, if a home health agency under IC 16-27-1 or a personal services agency under IC 16-27-4 determines an employee lived outside Indiana at any time during the two (2) years immediately before the date the individual was hired by the agency, the home health agency or personal services agency shall apply, not more than three (3) business days after the date that an employee begins to provide services in a patient's temporary or permanent residence, for the employee's national criminal history background check from the Indiana central repository for criminal history information under IC 10-13-3-39.

(b) Notwithstanding IC 10-13-3-39(b)(1), if, after hiring an individual, a home health agency under IC 16-27-1 or a personal services agency under IC 16-27-4 discovers the employee lived outside Indiana during the two (2) years immediately before the date the individual was hired, the agency shall apply, not more than three (3) business days after the date the agency first learns the employee lived outside Indiana, for the employee's national

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criminal background check from the Indiana central repo	ository for
criminal history information under IC 10-13-3-39.	

(b) (c) A home health agency or personal services agency may not employ a person to provide services in a patient's or client's temporary or permanent residence for more than three (3) business days without applying for a determination concerning that person's that person's limited criminal history check or national criminal history background check as required by subsection subsections (a) and (b).

SECTION 6. IC 16-27-2-5, AS AMENDED BY P.L.197-2007, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: Sec. 5. (a) Except as provided in subsection (b), a person who operates a home health agency under IC 16-27-1 or a personal services agency under IC 16-27-4 may not employ a person to provide services in a patient's or client's temporary or permanent residence if a determination of that person's limited criminal history check or national criminal history background check indicates that the person has been convicted of any of the following:

(1) Rape (IC 35-42-4-1).

- (2) Criminal deviate conduct (IC 35-42-4-2).
- (3) Exploitation of an endangered adult (IC 35-46-1-12).
- (4) Failure to report battery, neglect, or exploitation of an endangered adult (IC 35-46-1-13).
- (5) Theft (IC 35-43-4), if the conviction for theft occurred less than ten (10) years before the person's employment application date.
- (6) A felony that is substantially equivalent to a felony listed in subdivisions (1) through (2) for which the conviction was entered in another state.
- (b) A home health agency or personal services agency may not employ a person to provide services in a patient's or client's temporary or permanent residence for more than twenty-one (21) calendar days without receipt of a determination of that person's limited criminal history or national criminal history background check required by section 4 of this chapter, unless either the state police department or the Federal Bureau of Investigation under IC 10-13-3-39 is responsible for failing to provide the determination of the person's limited criminal history or national criminal history background check to the home health agency or personal services agency within the time required under this subsection.

SECTION 7. IC 16-28-11-5.5 IS ADDED TO THE INDIANA CODE AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: **Sec. 5.5. (a) This section does not**









1	apply to the implementation of a do not resuscitate order.
2	(b) This article does not require an employee of a health facility
3	to provide cardiopulmonary resuscitation (CPR) or other
4	intervention on a patient if a licensed registered nurse who is
5	employed by the health facility has determined that the following
6	criteria have been met:
7	(1) The patient has experienced an unwitnessed cessation of
8	circulatory and respiratory functions.
9	(2) The patient is unresponsive.
10	(3) The patient's pupils are fixed and dilated.
11	(4) The patient's body temperature indicates hypothermia.
12	(5) The patient has generalized cyanosis.
13	(6) The patient has livor mortis.
14	SECTION 8. IC 25-1-7-9, AS AMENDED BY P.L.1-2007,
15	SECTION 166, IS AMENDED TO READ AS FOLLOWS
16	[EFFECTIVE JULY 1, 2008]: Sec. 9. A board member is disqualified
17	from any consideration of the case if the board member filed the
18	complaint or participated in negotiations regarding the complaint. The
19	board member is not disqualified from the board's final determination
20	solely because the board member was the hearing officer or determined
21	the complaint and the information pertaining to the complaint was
22	current significant investigative information (as defined by
23	IC 25-23.2-1-5 (repealed)). IC 25-23.3-2-6).
24	SECTION 9. IC 25-1-7-10, AS AMENDED BY P.L.1-2007,
25	SECTION 167, IS AMENDED TO READ AS FOLLOWS
26	[EFFECTIVE JULY 1, 2008]: Sec. 10. (a) All complaints and
27	information pertaining to the complaints shall be held in strict
28	confidence until the attorney general files notice with the board of the
29	attorney general's intent to prosecute the licensee.
30	(b) A person in the employ of the office of attorney general or any
31	of the boards, or any person not a party to the complaint, may not
32	disclose or further a disclosure of information concerning the
33	complaint unless the disclosure is required:
34	(1) under law; or
35	(2) for the advancement of an investigation.
36	(c) Notwithstanding subsections (a) and (b), under IC 25-23.3,
37	the Indiana state board of nursing may disclose to the coordinated
38	licensure information system (as defined in IC 25-23.3-2-5)
39	complaints and information concerning complaints that the board

determines to be current significant investigative information (as

SECTION 10. IC 25-2.5-3-3 IS AMENDED TO READ AS



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defined in IC 25-23.3-2-6).

1	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 3. (a) Subject to section
2	1 of this chapter, it is unlawful to practice acupuncture without a
3	license issued under this article.
4	(b) Subject to subsection (c), it is unlawful for a licensed
5	acupuncturist, other than a chiropractor licensed under IC 25-10,
6	podiatrist licensed under IC 25-29, or dentist licensed under IC 25-14,
7	to practice acupuncture on a patient unless the acupuncturist obtains:
8	(1) a written letter of referral; and
9	(2) either:
10	(A) a written diagnosis of the patient; or
11	(B) written documentation relating to the condition for which
12	the patient receives acupuncture;
13	from an individual licensed under IC 25-22.5 within the twelve (12)
14	months immediately preceding the date of acupuncture treatment.
15	(c) An acupuncturist licensed under this article may practice
16	auricular acupuncture on a patient for the purpose of treating
17	alcoholism, substance abuse, or chemical dependency without a written
18	letter of referral or written diagnosis from a physician licensed under
19	IC 25-22.5.
20	(d) If a licensed acupuncturist practices acupuncture on a patient
21	after having obtained a written letter of referral or written diagnosis of
22	the patient from a physician licensed under IC 25-22.5, as described in
23	subsection (b), the physician is immune from civil liability relating to
24	the patient's or acupuncturist's use of that diagnosis or referral except
25	for acts or omissions of the physician that amount to gross negligence
26	or willful or wanton misconduct.
27	SECTION 11. IC 25-13-1-2 IS AMENDED TO READ AS
28	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 2. As used in this
29	article:
30	(a) "Dental hygienist" means one who is especially educated and
31	trained in the science and art of maintaining the dental health of the
32	individual or community through prophylactic or preventive measures
33	applied to the teeth and adjacent structures.
34	(b) "License" means the license to practice dental hygiene issued by
35	the state board of dentistry to dental hygienist candidates who
36	satisfactorily pass the board's examinations.
37	(c) "Board" means the state board of dentistry established by
38	IC 25-14-1.
39	(d) "Proprietor dentist" means a licensed dentist who is the owner
40	and operator of the dental office in which he practices the profession
41	of dentistry and who employs at least one (1) dentist or dental hygienist

to supplement his operation and conduct of his dental office.



1	(e) "Employer dentist" means a proprietor dentist who employs at	
2	least one (1) dental hygienist to supplement his dental service to his	
3	clientele.	
4	(f) "Referral" means a recommendation that a patient seek further	
5	dental care from a licensed dentist, but not a specific dentist.	
6	(g) "Screening" means to identify and assess the health of the hard	
7	or soft tissues of the human oral cavity.	
8	(h) "Public health setting" means a location, including a mobile	
9	health care vehicle, where the public is invited for health care,	
10	information, and services by a program sponsored or endorsed by a	
11	governmental entity or charitable organization.	
12	(i) "Direct supervision" means that a licensed dentist is	
13	physically present in the facility when patient care is provided.	
14	(j) "Prescriptive supervision" means that a licensed dentist is	
15	not required to be physically present in the facility when patient	
16	care is provided, when a licensed dentist has examined the patient	
17	and has prescribed the patient care within the previous forty-five	
18	(45) days.	
19	SECTION 12. IC 25-13-1-10, AS AMENDED BY P.L.121-2007,	
20	SECTION 3, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE	
21	JULY 1, 2008]: Sec. 10. (a) A licensed dental hygienist may be	
22	employed to practice dental hygiene in Indiana in the following:	
23	(1) The A dental office or clinical setting where the dental	
24	hygienist is practicing under the direct supervision of a legally	
25	practicing proprietor dentist.	
26	(2) A dental school or dental hygiene school to teach and	
27	demonstrate the practice of dental hygiene.	
28	(3) The dental clinic of any public, parochial, or private school or	
29	other institution supported by public or private funds in which the	
30	licensee is employed by the state department of health or any	
31	county or city board of health or board of education or school	
32	trustee or parochial authority or the governing body of any private	
33	school However, institutional practice, other than dental hygiene	
34	instruction and dental prophylaxis for children up to and	
35	including grade 12 pupils at all times must be where the dental	
36	hygienist is practicing under the direct or prescriptive	
37	supervision of a licensed dentist.	
38	(4) The dental clinic of a bona fide hospital, sanitarium, or	
39	eleemosynary charitable institution duly established and being	
40	operated under the laws of Indiana in which the licensee is	
41	employed by the directors or governing board of such hospital,	
42	sanitarium, or institution. However, such practice must be under	



1	the direct or prescriptive supervision at all times of a licensed	
2	dentist who is a staff member of the hospital or sanitarium or a	
3	member of the governing board of the institution.	
4	(5) The A:	
5	(A) fixed charitable dental care clinic; of an industrial or a	
6	commercial establishment in which the licensee's services are	
7	(B) public health setting; or	
8	(C) correctional institution;	
9	that has been approved by the board and where the dental	
10	hygienist is under the direct or prescriptive supervision of a	
11	licensed dentist.	
12	(b) A licensed dental hygienist may provide without supervision the	
13	following:	
14	(1) Dental hygiene instruction and in-service training without	
15	restriction on location.	
16	(2) Dental prophylaxis for children up to and including grade 12	
17	if the dental hygienist is employed by any of the following:	
18	(A) The state department of health.	
19	(B) The department of education.	
20	(C) The elementary or secondary school where the services are	
21	provided.	
22	(3) (2) Screening and referrals for any person in a public health	
23	setting.	
24	(4) Services as provided in IC 16-20-1-14 and IC 16-22-8-34.	_
25	SECTION 13. IC 25-13-1-10.6 IS ADDED TO THE INDIANA	
26	CODE AS A NEW SECTION TO READ AS FOLLOWS	
27	[EFFECTIVE JULY 1, 2008]: Sec. 10.6. A licensed dental hygienist	
28	may administer local dental anesthetics under the direct	7
29	supervision of a licensed dentist if the dental hygienist has:	
30	(1) completed board approved educational requirements; and	
31	(2) received a board issued dental hygiene anesthetic permit.	
32	SECTION 14. IC 25-13-1-11 IS AMENDED TO READ AS	
33	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 11. A person is deemed	
34	to be practicing dental hygiene within the meaning of this chapter who:	
35	(1) uses the titles "Licensed Dental Hygienist", "Dental	
36	Hygienist", or the letters "L.D.H." or "D.H." in connection with	
37	his or her name;	
38	(2) holds himself or herself out to the public in any manner that	
39	he or she can or will render services as a dental hygienist;	
40	(3) removes calcific deposits or accretions from the surfaces of	
41	human teeth or cleans or polishes such teeth;	
42	(4) applies and uses within the patient's mouth such antiseptic	



1	sprays, washes, or medicaments for the control or prevention of
2	dental caries as his or her employer dentist may direct;
3	(5) treats gum disease; or
4	(6) uses impressions and x-ray photographs for treatment
5	purposes; or
6	(7) administers local dental anesthetics under section 10.6 of
7	this chapter.
8	SECTION 15. IC 25-14-1-1.5, AS AMENDED BY P.L.1-2006,
9	SECTION 430, IS AMENDED TO READ AS FOLLOWS
10	[EFFECTIVE JULY 1, 2008]: Sec. 1.5. As used in this article:
11	"Agency" refers to the Indiana professional licensing agency
12	established by IC 25-1-5-3.
13	"Board" refers to the state board of dentistry established under this
14	chapter.
15	"Deep sedation" means a controlled state of depressed
16	consciousness, accompanied by partial loss of protective reflexes,
17	including inability to respond purposefully to verbal command,
18	produced by a pharmacologic method.
19	"Dental assistant" means a qualified dental staff member, other
20	than a licensed dental hygienist, who assists a licensed dentist with
21	patient care while working under the dentist's direct supervision.
22	"Direct supervision" means that a licensed dentist is physically
23	present in the facility when patient care is provided.
24	"General anesthesia" means a controlled state of unconsciousness,
25	accompanied by partial or complete loss of protective reflexes,
26	including inability to independently maintain an airway and respond
27	purposefully to physical stimulation or verbal command, produced by
28	a pharmacologic method.
29	"Light parenteral conscious sedation" means a minimally depressed
30	level of consciousness under which an individual retains the ability to
31	independently and continuously maintain an airway and respond
32	appropriately to physical stimulation and verbal command, produced
33	by an intravenous pharmacologic method.
34	SECTION 16. IC 25-14-1-23, AS AMENDED BY P.L.121-2007,
35	SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
36	JULY 1, 2008]: Sec. 23. (a) A person is practicing dentistry within the
37	, , , , , , , , , , , , , , , , , , , ,
	meaning of this chapter if the person does any of the following:
38	
38 39	meaning of this chapter if the person does any of the following:
	meaning of this chapter if the person does any of the following: (1) Uses the word "dentist" or "dental surgeon", the letters



where dental services are performed.

1	(3) Advertises or permits to be advertised by sign, card, circular,
2	handbill, newspaper, radio, or otherwise that he the person can
3	or will attempt to perform dental operations of any kind.
4	(4) Offers to diagnose or professes to diagnose or treats or
5	professes to treat any of the lesions or diseases of the human oral
6	cavity, teeth, gums, or maxillary or mandibular structures.
7	(5) Extracts human teeth or corrects malpositions of the teeth or
8	jaws.
9	(6) Except as provided in IC 25-13-1-10.5, administers dental
10	anesthetics.
11	(7) Uses x-ray pictures for dental diagnostic purposes.
12	(8) Makes impressions or casts of any oral tissues or structures for
13	the purpose of diagnosis or treatment thereof or for the
14	construction, repair, reproduction, or duplication of any prosthetic
15	device to alleviate or cure any oral lesion or replace any lost oral
16	structures, tissue, or teeth.
17	(9) Advertises to the public by any method, except trade and
18	professional publications, to furnish, supply, construct, reproduce,
19	repair, or adjust any prosthetic denture, bridge, appliance, or other
20	structure to be worn in the human mouth.
21	(10) Is the employer of a dentist who is hired to provide dental
22	services.
23	(11) Directs or controls the use of dental equipment or dental
24	material while the equipment or material is being used to provide
25	dental services. However, a person may lease or provide advice
26	or assistance concerning dental equipment or dental material if
27	the person does not restrict or interfere with the custody, control,
28	or use of the equipment or material by the dentist. This
29	subdivision does not prevent a dental hygienist who is licensed
30	under IC 25-13 from owning dental equipment or dental materials
31	within the dental hygienist's scope of practice.
32	(12) Directs, controls, or interferes with a dentist's clinical
33	judgment.
34	(13) Exercises direction or control over a dentist through a written
35	contract concerning the following areas of dental practice:
36	(A) The selection of a patient's course of treatment.
37	(B) Referrals of patients, except for requiring referrals to be
38	within a specified provider network, subject to the exceptions
39	under IC 27-13-36-5.
40	(C) Content of patient records.
41	(D) Policies and decisions relating to refunds, if the refund
42	payment would be reportable under federal law to the National







1	Practitioner Data Bank, and warranties.
2	(E) The clinical content of advertising.
3	(F) Final decisions relating to the employment of dental office
4	personnel.
5	However, this subdivision does not prohibit a person from
6	providing advice or assistance concerning the areas of dental
7	practice referred to in this subdivision or an insurer (as defined in
8	IC 27-1-26-1) from carrying out the applicable provisions of
9	IC 27 under which the insurer is licensed.
10	However, a person does not have to be a dentist to be a manufacturer
11	of dental prostheses.
12	(b) In addition to subsection (a), a person is practicing dentistry who
13	directly or indirectly by any means or method furnishes, supplies,
14	constructs, reproduces, repairs, or adjusts any prosthetic denture,
15	bridge, appliance, or any other structure to be worn in the human
16	mouth and delivers the resulting product to any person other than the
17	duly licensed dentist upon whose written work authorization the work
18	was performed. A written work authorization shall include the
19	following:
20	(1) The name and address of the dental laboratory to which it is
21	directed.
22	(2) The case identification.
23	(3) A specification of the materials to be used.
24	(4) A description of the work to be done and, if necessary,
25	diagrams thereof.
26	(5) The date of issuance of the authorization.
27	(6) The signature and address of the licensed dentist or other
28	dental practitioner by whom the work authorization is issued.
29	A separate work authorization shall be issued for each patient of the
30	issuing licensed dentist or other dental practitioner for whom dental
31	technological work is to be performed.
32	(c) This section shall not apply to those procedures which a legally
33	licensed and practicing dentist may delegate to competent office
34	personnel a dental assistant as to which procedures the dentist
35	exercises direct supervision and responsibility. Delegated
36	(d) Procedures delegated by a dentist may not include either: the
37	following:
38	(1) Those procedures which require professional judgment and
39	skill such as diagnosis, treatment planning, and the cutting of hard
40	or soft tissues, or any intraoral impression which would lead to
41	the fabrication of an appliance, which, when worn by the patient,
42	would come in direct contact with hard or soft tissues and which



1	could result in tissue irritation or injury; or a final prosthetic	
2	appliance.	
3	(2) those Except for procedures described in subsections (g)	
4	and (h), procedures delegated to a dental assistant may not	
5	include procedures allocated under IC 25-13-1 to a licensed	
6	dental hygienists. hygienist.	
7	(e) This chapter shall not prevent dental students from performing	
8	dental operations under the supervision of competent instructors within	
9	the dental school or a university recognized by the board or in any	
0	public clinic under the supervision of the authorized superintendent of	
.1	such clinic authorized under the authority and general direction of the	
2	board of health or school board of any city or town in Indiana.	
3	(d) (f) Licensed pharmacists of this state may fill prescriptions of	
4	licensed dentists of this state for any drug necessary in the practice of	
5	dentistry.	_
6	(g) Notwithstanding IC 25-13-1-11(4), a dental assistant who has	
7	completed a board approved curriculum may apply medicaments	
8	for the control or prevention of dental caries under the direct	
9	supervision of a licensed dentist. The curriculum must include	
20	instruction on the following:	
21	(1) Ethics and jurisprudence.	
22	(2) Reasons for fluorides.	
23	(3) Systemic fluoride.	
24	(4) Topical fluoride.	1
25	(5) Fluoride application.	
26	(6) Laboratory work on topical fluoride applications and	_
27	patient competency.	
28	(h) Notwithstanding IC 25-13-1(3), a dental assistant who has	7
29	completed a board approved curriculum may polish the coronal	
0	surface of teeth under the direct supervision of a licensed dentist.	
1	The curriculum must include instruction on the following:	
32	(1) Ethics and jurisprudence.	
3	(2) Plaque and materia alba.	
4	(3) Intrinsic and extrinsic stain.	
55	(4) Abrasive agents.	
56	(5) Use of a slow speed hand piece, prophy cup, and occlusal	
57	polishing brush.	
8	(6) Theory of selective polishing.	
10	(7) Laboratory work concerning slow speed hand piece, hand	
10	dexterity, and patient competency.	
1 12	SECTION 17. IC 25-20.5-1-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1. This chapter does not	
· /.	FOLLOW STEFFECTIVE JULY 1. ZUUST SEC. 1. THIS CHADLET GOES HOL	



1	apply to the following:	
2	(1) A licensed dentist practicing dentistry under IC 25-14.	
3	(2) A licensed physician practicing medicine under IC 25-22.5.	
4	(3) A licensed osteopath practicing medicine under IC 25-22.5.	
5	(4) A licensed psychologist practicing psychology under	
6	IC 25-33.	
7	(5) A certified licensed social worker or clinical social worker	
8	practicing social work or clinical social work under IC 25-23.6.	
9	(6) A registered nurse licensed under IC 25-23.	
10	(7) A certified licensed marriage and family therapist practicing	1
11	marriage and family therapy under IC 25-23.6.	
12	(8) A licensed mental health counselor practicing mental	•
13	health counseling under IC 25-23.6.	
14	(8) (9) An individual who teaches Lamaze prenatal and delivery	
15	relaxation techniques to pregnant women.	
16	(9) (10) A law enforcement officer who:	4
17	(A) is trained in hypnotism; and	
18	(B) uses hypnosis only for law enforcement purposes.	
19	(10) (11) A licensed chiropractor practicing the science of	
20	chiropractic under IC 25-10.	
21	(11) (12) An individual who performs hypnotism exclusively for	
22	entertainment or amusement purposes at a theater, night club, or	
23	other place that offers entertainment to the public for	
24	consideration or promotional purposes.	•
25	SECTION 18. IC 25-23-1-1.1, AS AMENDED BY P.L.1-2007,	
26	SECTION 170, IS AMENDED TO READ AS FOLLOWS	_
27	[EFFECTIVE JULY 1, 2008]: Sec. 1.1. (a) As used in this chapter,	1
28	"registered nurse" means a person who holds a valid license issued:	,
29	(1) under this chapter; or	
30	(2) by a party state (as defined in IC 25-23.3-2-12); and	
31	who bears primary responsibility and accountability for nursing	
32	practices based on specialized knowledge, judgment, and skill derived	
33	from the principles of biological, physical, and behavioral sciences.	
34	(b) As used in this chapter, "registered nursing" means performance	
35	of services which include but are not limited to:	
36	(1) assessing health conditions;	
37	(2) deriving a nursing diagnosis;	
38	(3) executing a nursing regimen through the selection,	
39	performance, and management of nursing actions based on	
40	nursing diagnoses;	
41	(4) advocating the provision of health care services through	
42	collaboration with or referral to other health professionals;	



1	(5) executing regimens delegated by a physician with an
2	unlimited license to practice medicine or osteopathic medicine, a
3	licensed dentist, a licensed chiropractor, a licensed optometrist,
4	or a licensed podiatrist;
5	(6) teaching, administering, supervising, delegating, and
6	evaluating nursing practice;
7	(7) delegating tasks which assist in implementing the nursing,
8	medical, or dental regimen; or
9	(8) performing acts which are approved by the board or by the
10	board in collaboration with the medical licensing board of
11	Indiana.
12	(c) As used in this chapter, "assessing health conditions" means the
13	collection of data through means such as interviews, observation, and
14	inspection for the purpose of:
15	(1) deriving a nursing diagnosis;
16	(2) identifying the need for additional data collection by nursing
17	personnel; and
18	(3) identifying the need for additional data collection by other
19	health professionals.
20	(d) As used in this chapter, "nursing regimen" means preventive,
21	restorative, maintenance, and promotion activities which include
22	meeting or assisting with self-care needs, counseling, and teaching.
23	(e) As used in this chapter, "nursing diagnosis" means the
24	identification of needs which are amenable to nursing regimen.
25	SECTION 19. IC 25-23-1-1.2, AS AMENDED BY P.L.1-2007,
26	SECTION 171, IS AMENDED TO READ AS FOLLOWS
27	[EFFECTIVE JULY 1, 2008]: Sec. 1.2. As used in this chapter,
28	"licensed practical nurse" means a person who holds a valid license
29	issued under this chapter or by a party state (as defined in
30	IC 25-23.3-2-12) and who functions at the direction of:
31	(1) a registered nurse;
32	(2) a physician with an unlimited license to practice medicine or
33	osteopathic medicine;
34	(3) a licensed dentist;
35	(4) a licensed chiropractor;
36	(5) a licensed optometrist; or
37	(6) a licensed podiatrist;
38	in the performance of activities commonly performed by practical
39	nurses and requiring special knowledge or skill.
40 4.1	SECTION 20. IC 25-23-1-7, AS AMENDED BY P.L.1-2007,
41 42	SECTION 172, IS AMENDED TO READ AS FOLLOWS
12	[EFFECTIVE JULY 1, 2008]: Sec. 7. (a) The board shall do the



1	following:	
2	(1) Adopt under IC 4-22-2 rules necessary to enable it to carry	
3	into effect this chapter.	
4	(2) Prescribe standards and approve curricula for nursing	
5	education programs preparing persons for licensure under this	
6	chapter.	
7	(3) Provide for surveys of such programs at such times as it	
8	considers necessary.	
9	(4) Accredit such programs as meet the requirements of this	
10	chapter and of the board.	4
11	(5) Deny or withdraw accreditation from nursing education	
12	programs for failure to meet prescribed curricula or other	
13	standards.	
14	(6) Examine, license, and renew the license of qualified	
15	applicants.	
16	(7) Issue subpoenas, compel the attendance of witnesses, and	4
17	administer oaths to persons giving testimony at hearings.	
18	(8) Cause the prosecution of all persons violating this chapter and	
19	have power to incur necessary expenses for these prosecutions.	
20	(9) Adopt rules under IC 4-22-2 that do the following:	
21	(A) Prescribe standards for the competent practice of	
22	registered, practical, and advanced practice nursing.	
23	(B) Establish with the approval of the medical licensing board	
24	created by IC 25-22.5-2-1 requirements that advanced practice	
25	nurses must meet to be granted authority to prescribe legend	
26	drugs and to retain that authority.	
27	(C) Establish, with the approval of the medical licensing board	
28	created by IC 25-22.5-2-1, requirements for the renewal of a	
29	practice agreement under section 19.4 of this chapter, which	
30	shall expire on October 31 in each odd-numbered year.	
31	(10) Keep a record of all its proceedings.	
32	(11) Collect and distribute annually demographic information on	
33	the number and type of registered nurses and licensed practical	
34	nurses employed in Indiana.	
35	(12) Adopt rules and administer the interstate nurse licensure	
36	compact under IC 25-23.3.	
37	(b) The board may do the following:	
38	(1) Create ad hoc subcommittees representing the various nursing	
39	specialties and interests of the profession of nursing. Persons	
40	appointed to a subcommittee serve for terms as determined by the	
41	board.	
42	(2) Utilize the appropriate subcommittees so as to assist the board	



1	with its responsibilities. The assistance provided by the	
2	subcommittees may include the following:	
3	(A) Recommendation of rules necessary to carry out the duties	
4	of the board.	
5	(B) Recommendations concerning educational programs and	
6	requirements.	
7	(C) Recommendations regarding examinations and licensure	
8	of applicants.	
9	(3) Appoint nurses to serve on each of the ad hoc subcommittees.	
10	(4) Withdraw from the interstate nurse licensure compact	
11	under IC 25-23.3.	
12	(c) Nurses appointed under subsection (b) must:	
13	(1) be committed to advancing and safeguarding the nursing	
14	profession as a whole; and	
15	(2) represent nurses who practice in the field directly affected by	
16	a subcommittee's actions.	
17	SECTION 21. IC 25-23-1-11, AS AMENDED BY P.L.1-2007,	
18	SECTION 173, IS AMENDED TO READ AS FOLLOWS	
19	[EFFECTIVE JULY 1, 2008]: Sec. 11. (a) Any person who applies to	
20	the board for a license to practice as a registered nurse must:	
21	(1) not have:	
22	(A) been convicted of a crime that has a direct bearing on the	0
23	person's ability to practice competently; or	
24	(B) committed an act that would constitute a ground for a	_
25	disciplinary sanction under IC 25-1-9;	
26	(2) have completed:	
27	(A) the prescribed curriculum and met the graduation	
28	requirements of a state accredited program of registered	V
29	nursing that only accepts students who have a high school	
30	diploma or its equivalent as determined by the board; or	
31	(B) the prescribed curriculum and graduation requirements of	
32	a nursing education program in a foreign country that is	
33	substantially equivalent to a board approved program as	
34	determined by the board. The board may by rule adopted under	
35	IC 4-22-2 require an applicant under this subsection to	
36	successfully complete an examination approved by the board	
37	to measure the applicant's qualifications and background in the	
38	practice of nursing and proficiency in the English language;	
39	and	
40	(3) be physically and mentally capable of and professionally	
41	competent to safely engage in the practice of nursing as	
42	determined by the board.	



1	The board may not require a person to have a baccalaureate degree in	
2	nursing as a prerequisite for licensure.	
3	(b) The applicant must pass an examination in such subjects as the	
4	board may determine.	
5	(c) The board may issue by endorsement a license to practice as a	
6	registered nurse to an applicant who has been licensed as a registered	
7	nurse, by examination, under the laws of another state if the applicant	
8	presents proof satisfactory to the board that, at the time that the	
9	applicant applies for an Indiana license by endorsement, the applicant	
10	holds a current license in another state and possesses credentials and	1
11	qualifications that are substantially equivalent to requirements in	
12	Indiana for licensure by examination. The board may specify by rule	
13	what constitutes substantial equivalence under this subsection.	
14	(d) The board may issue by endorsement a license to practice as a	
15	registered nurse to an applicant who:	
16	(1) has completed the English version of the:	-
17	(A) Canadian Nurse Association Testing Service Examination	,
18	(CNAT); or	
19	(B) Canadian Registered Nurse Examination (CRNE);	
20	(2) achieved the passing score required on the examination at the	
21	time the examination was taken;	
22	(3) is currently licensed in a Canadian province or in another	
23	state; and	
24	(4) meets the other requirements under this section.	•
25	(e) Each applicant for examination and registration to practice as a	
26	registered nurse shall pay a fee set by the board, The board may set a	_
27	proctoring fee to be paid by applicants who are graduates of a state	,
28	accredited school in another state, a part of which must be used for	
29	the rehabilitation of impaired registered nurses and impaired	1
30	licensed practical nurses. Payment of the fee or fees shall be made by	
31	the applicant prior to the date of examination. The lesser of the	
32	following amounts from fees collected under this subsection shall	
33	be deposited in the impaired nurses account of the state general	
34	fund established by section 34 of this chapter:	
35	(1) Twenty-five percent (25%) of the license application fee	
36	per license applied for under this section.	
37	(2) The cost per license to operate the impaired nurses	
38	program, as determined by the Indiana professional licensing	
39	agency.	
40	(f) Any person who holds a license to practice as a registered nurse	
41	in:	
42	(1) Indiana; or	



1	(2) a party state (as defined in IC 25-23.3-2-12);
2	may use the title "Registered Nurse" and the abbreviation "R.N.". No
3	other person shall practice or advertise as or assume the title of
4	registered nurse or use the abbreviation of "R.N." or any other words,
5	letters, signs, or figures to indicate that the person using same is a
6	registered nurse.
7	SECTION 22. IC 25-23-1-12, AS AMENDED BY P.L.1-2007,
8	SECTION 174, IS AMENDED TO READ AS FOLLOWS
9	[EFFECTIVE JULY 1, 2008]: Sec. 12. (a) A person who applies to the
10	board for a license to practice as a licensed practical nurse must:
11	(1) not have been convicted of:
12	(A) an act which would constitute a ground for disciplinary
13	sanction under IC 25-1-9; or
14	(B) a crime that has a direct bearing on the person's ability to
15	practice competently;
16	(2) have completed:
17	(A) the prescribed curriculum and met the graduation
18	requirements of a state accredited program of practical nursing
19	that only accepts students who have a high school diploma or
20	its equivalent, as determined by the board; or
21	(B) the prescribed curriculum and graduation requirements of
22	a nursing education program in a foreign country that is
23	substantially equivalent to a board approved program as
24	determined by the board. The board may by rule adopted under
25	IC 4-22-2 require an applicant under this subsection to
26	successfully complete an examination approved by the board
27	to measure the applicant's qualifications and background in the
28	practice of nursing and proficiency in the English language;
29	and
30	(3) be physically and mentally capable of, and professionally
31	competent to, safely engage in the practice of practical nursing as
32	determined by the board.
33	(b) The applicant must pass an examination in such subjects as the
34	board may determine.
35	(c) The board may issue by endorsement a license to practice as a
36	licensed practical nurse to an applicant who has been licensed as a
37	licensed practical nurse, by examination, under the laws of another
38	state if the applicant presents proof satisfactory to the board that, at the
39	time of application for an Indiana license by endorsement, the applicant
40	possesses credentials and qualifications that are substantially

equivalent to requirements in Indiana for licensure by examination. The

board may specify by rule what shall constitute substantial equivalence



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unaer	unis	subs	ection.

- (d) Each applicant for examination and registration to practice as a practical nurse shall pay a fee set by the board, The board may set a proctoring fee to be paid by applicants who are graduates of a state accredited school in another state. a part of which must be used for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. Payment of the fees shall be made by the applicant before the date of examination. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:
 - (1) Twenty-five percent (25%) of the license application fee per license applied for under this section.
 - (2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.
- (e) Any person who holds a license to practice as a licensed practical nurse in:
 - (1) Indiana; or
 - (2) a party state (as defined in IC 25-23.3-2-12);
- may use the title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall practice or advertise as or assume the title of licensed practical nurse or use the abbreviation of "L.P.N." or any other words, letters, signs, or figures to indicate that the person using them is a licensed practical nurse.
- SECTION 23. IC 25-23-1-16.1, AS AMENDED BY P.L.1-2006, SECTION 451, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 16.1. (a) A license to practice as a registered nurse expires on October 31 in each odd-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.
- (b) A license to practice as a licensed practical nurse expires on October 31 in each even-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.
 - (c) The procedures and fee for renewal shall be set by the board.
- (d) At the time of license renewal, each registered nurse and each licensed practical nurse shall pay a renewal fee, a portion of which shall be for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. The lesser of the following amounts from fees collected under this subsection shall be deposited in the













1	impaired nurses account of the state general fund established by section
2	34 of this chapter:
3	(1) Sixteen percent (16%) Twenty-five percent (25%) of the
4	license renewal fee per license renewed under this section.
5	(2) The cost per license to operate the impaired nurses program,
6	as determined by the Indiana professional licensing agency.
7	SECTION 24. IC 25-23-1-27, AS AMENDED BY P.L.1-2007,
8	SECTION 175, IS AMENDED TO READ AS FOLLOWS
9	[EFFECTIVE JULY 1, 2008]: Sec. 27. A person who:
10	(1) sells or fraudulently obtains or furnishes any nursing diploma,
11	license or record;
12	(2) practices nursing under cover of any diploma or license or
13	record illegally or fraudulently obtained or assigned or issued
14	unlawfully or under fraudulent representation;
15	(3) practices nursing as a registered nurse or licensed practical
16	nurse unless licensed to do so under this chapter or IC 25-23.3;
17	(4) uses in connection with the person's name any designation
18	tending to imply that the person is a registered nurse or a licensed
19	practical nurse unless licensed to practice under this chapter or
20	IC 25-23.3;
21	(5) practices nursing during the time the person's license issued
22	under this chapter or IC 25-23.3 is suspended or revoked;
23	(6) conducts a school of nursing or a program for the training of
24	practical nurses unless the school or program has been accredited
25	by the board; or
26	(7) otherwise violates this chapter;
27	commits a Class B misdemeanor.
28	SECTION 25. IC 25-23-1-34, AS AMENDED BY P.L.1-2007,
29	SECTION 176, IS AMENDED TO READ AS FOLLOWS
30	[EFFECTIVE JULY 1, 2008]: Sec. 34. (a) The impaired nurses account
31	is established within the state general fund for the purpose of providing
32	money for providing rehabilitation of impaired registered nurses or
33	licensed practical nurses under this article. The account shall be
34	administered by the Indiana professional licensing agency.
35	(b) Expenses of administering the account shall be paid from money
36	in the account. The account consists of the following:
37	(1) Funds collected for the rehabilitation of impaired registered
38	nurses and impaired licensed practical nurses under section
39	sections 11(e), 12(d), and 16.1(d) of this chapter.
40	(2) Funds collected under section 31(c)(2) of this chapter.
41	(3) Funds collected for the rehabilitation of impaired registered
42	nurses and impaired licensed practical nurses under



1	IC 25-23.2-3-5 (repealed).	
2	(4) (3) Fines collected from registered nurses or licensed practical	
3	nurses under IC 25-1-9-9(a)(6).	
4	(c) The treasurer of state shall invest the money in the account not	
5	currently needed to meet the obligations of the account in the same	
6	manner as other public money may be invested.	
7	(d) Money in the account is appropriated to the board for the	
8	purpose stated in subsection (a).	
9	SECTION 26. IC 25-23.3 IS ADDED TO THE INDIANA CODE	
10	AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY	
11	1, 2008]:	
12	ARTICLE 23.3. INTERSTATE NURSE LICENSURE	
13	COMPACT	
14	Chapter 1. Purpose	
15	Sec. 1. It is the purpose of this compact to allow qualified nurses	
16	who are licensed in a compact state to practice nursing in another	7
17	compact state and to reduce redundant licensing requirements of	4
18	nurses who practice in multiple states.	
19	Chapter 2. Definitions	
20	Sec. 1. The definitions in this chapter apply throughout this	
21	article.	
22	Sec. 2. "Adverse action" means a home or remote state action.	
23	Sec. 3. "Alternative program" means a voluntary,	
24	nondisciplinary monitoring program approved by a nurse licensing	
25	board.	
26	Sec. 4. "Board" has the meaning set forth in IC 25-23-1-1.	
27	Sec. 5. "Coordinated licensure information system" means an	1
28	integrated process:	7
29	(1) for collecting, storing, and sharing information on nurse	
30	licensure and enforcement activities related to nurse licensure	
31	laws; and	
32	(2) administered by a nonprofit organization composed of and	
33	controlled by state nurse licensing boards.	
34	Sec. 6. "Current significant investigative information" means:	
35	(1) investigative information that a licensing board, after a	
36	preliminary inquiry that includes notification and an	
37	opportunity for the nurse to respond if required by state law,	
38	has reason to believe is not groundless and, if proved true,	
39	would indicate more than a minor infraction; or	
40	(2) investigative information that indicates that the nurse	
41	represents an immediate threat to public health and safety	
42	regardless of whether the nurse has been notified and has had	



1	an opportunity to respond.	
2	Sec. 7. "Home state" means the party state that is a nurse's	
3	primary state of residence.	
4	Sec. 8. "Home state action" means any administrative, civil,	
5	equitable, or criminal action permitted by the home state's laws	
6	that are imposed on a nurse by the home state's licensing board or	
7	other authority, including an action against an individual's license,	
8	such as revocation, suspension, probation, or any other action that	
9	affects a nurse's authorization to practice.	
10	Sec. 9. "Licensing board" means a party state's regulatory body	1
11	responsible for issuing nurse licenses.	
12	Sec. 10. "Multistate licensure privilege" means current, official	
13	authority from a remote state permitting the practice of nursing as	
14	either a registered nurse or a licensed practical/vocational nurse in	
15	that party state. All party states have the authority, in accordance	
16	with state due process law, to take actions against a nurse's	4
17	privilege, such as revocation, suspension, probation, or any other	
18	action that affects a nurse's authorization to practice.	
19	Sec. 11. "Nurse" means a registered nurse or licensed	
20	practical/vocational nurse as defined by the state practice laws of	
21	each party state.	
22	Sec. 12. "Party state" means any state that has adopted this	
23	compact.	
24	Sec. 13. "Remote state" means a party state, other than the	
25	home state:	
26	(1) where a patient is located at the time nursing care is	
27	provided; or	
28	(2) in the case of the practice of nursing not involving a	
29	patient, in a party state where the recipient of nursing	1
30	practice is located.	
31	Sec. 14. "Remote state action" means:	
32	(1) any administrative, civil, equitable, or criminal action	
33	permitted by a remote state's laws that are imposed on a	
34	nurse by the remote state's licensing board or other authority,	
35	including actions against an individual's multistate licensure	
36	privilege to practice in the remote state; and	
37	(2) cease and desist and other injunctive or equitable orders	
38	issued by remote states or the licensing boards of remote	
39	states.	
40	Sec. 15. "State" means a state, territory, or possession of the	
41	United States, the District of Columbia, or the Commonwealth of	



Puerto Rico.

Sec. 16. "State practice laws" means the individual party state's laws and rules that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. The term does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

Chapter 3. General Provisions and Jurisdiction

Sec. 1. A license to practice registered nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in the party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in the party state. To obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal and all other applicable state laws.

Sec. 2. A party state may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in the state and may take any other actions under applicable state laws necessary to protect the health and safety of the state's citizens. If a party state takes such an action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

Sec. 3. A nurse practicing in a party state must comply with the state practice laws of the state in which a patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but includes all nursing practice as defined by the state practice laws of a party state. The practice of nursing subjects a nurse to the jurisdiction of the nurse licensing board, the courts, and the laws in that party state.

Sec. 4. This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party states as a license to practice registered nursing if a license is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

Sec. 5. Individuals not residing in a party state continue to be









27 able to apply for nurse licensure as provided under the laws of each party state. However, the license granted to these individuals is not recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state. Chapter 4. Applications for Licensure in a Party State Sec. 1. Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other party state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license. Sec. 2. A nurse in a party state may hold licensure in only one (1) party state at a time, issued by the home state. Sec. 3. A nurse who intends to change primary state of residence may apply for licensure in the new home state before the change. However, a new license may not be issued by a party state until a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board. Sec. 4. (a) If a nurse: (1) changes primary state of residence by moving between two (2) party states; and (2) obtains a license from the new home state; the license from the former home state is no longer valid. (b) If a nurse: (1) changes primary state of residence by moving from a nonparty state to a party state; and

- (2) obtains a license from the new home state; the individual state license issued by the nonparty state is not affected and remains in force if provided by the laws of the nonparty state.
- (c) If a nurse changes primary state of residence by moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without multistate license privilege to practice in other party states.

Chapter 5. Adverse Actions

Sec. 1. The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions, including the factual and legal basis for such actions, if known. The licensing board of a remote state shall promptly report any current significant



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1	investigative information yet to result in a remote state action. The
2	administrator of the coordinated licensure information system
3	shall promptly notify the home state of any such reports.
4	Sec. 2. The licensing board of a party state has authority to
5	complete any pending investigation for a nurse who changes
6	primary state of residence during the course of the investigation.
7	The licensing board also has authority to take appropriate action
8	and shall promptly report the conclusions of such investigations to
9	the administrator of the coordinated licensure information system.
10	The administrator of the coordinated licensure information system
11	shall promptly notify the new home state of any such actions.
12	Sec. 3. A remote state may take adverse action affecting the
13	multistate licensure privilege to practice within the remote state.
14	However, only the home state has authority to impose adverse
15	action against the license issued by the home state.
16	Sec. 4. For purposes of imposing adverse action, the licensing
17	board of the home state shall give the same priority and effect to
18	reported conduct received from a remote state as it would if such
19	conduct had occurred within the home state. In so doing, it shall
20	apply its own state laws to determine appropriate action.
21	Sec. 5. The home state may take adverse action based on the
22	factual findings of a remote state, so long as each state follows its
23	own procedures for imposing such adverse action.
24	Sec. 6. This compact does not override a party state's decision
25	that participation in an alternative program may be used instead
26	of licensure action and that such participation shall remain
27	nonpublic if required by the party state's laws. Party states must

program without prior authorization from the other party state. Chapter 6. Additional Authority Invested in Party State Nurse Licensing Boards

require nurses who enter any alternative programs to agree not to

practice in any other party state during the term of the alternative

- Sec. 1. Notwithstanding any other powers, a party state nurse licensing board may do the following:
 - (1) If otherwise permitted by state law, recover from a nurse the costs of investigations and disposition of cases resulting from any adverse action taken against the nurse.
 - (2) Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses and the production of evidence from another party



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1	state shall be enforced in the latter state by a court with	
2	jurisdiction, according to the practice and procedure of that	
3	court applicable to subpoenas issued in proceedings pending	
4	before it. The issuing authority shall pay any witness fees,	
5	travel expenses, mileage, and other fees required by the	
6	service statutes of the state where the witnesses and evidence	
7	are located.	
8	(3) Issue cease and desist orders to limit or revoke a nurse's	
9	authority to practice in the state.	
10	(4) Adopt uniform rules as provided for in IC 25-23.3-8-3.	
11	Chapter 7. Coordinated Licensure Information System	
12	Sec. 1. All party states shall participate in a cooperative effort	
13	to create a coordinated data base of all licensed registered nurses	
14	and licensed practical/vocational nurses. This system must include	
15	information on the licensure and disciplinary history of each nurse,	
16	as contributed by party states, to assist in the coordination of nurse	
17	licensure and enforcement efforts.	
18	Sec. 2. Notwithstanding any other law, all party states' licensing	
19	boards shall promptly report adverse actions, actions against	
20	multistate licensure privileges, any current significant investigative	
21	information yet to result in adverse action, denials of applications,	
22	and the reasons for such denials to the coordinated licensure	
23	information system.	
24	Sec. 3. Current significant investigative information shall be	
25	transmitted through the coordinated licensure information system	
26	only to party state licensing boards.	
27	Sec. 4. Notwithstanding any other law, all party states' licensing	•
28	boards contributing information to the coordinated licensure	
29	information system may designate information that may not be	
30	shared with nonparty states or disclosed to other entities or	
31	individuals without the express permission of the contributing	
32	state.	
33	Sec. 5. Any personally identifiable information obtained by a	
34	party state's licensing board from the coordinated licensure	
35	information system may not be shared with nonparty states or	
36	disclosed to other entities or individuals except to the extent	
37	permitted by the laws of the party state contributing the	
38	information.	
39	Sec. 6. Any information contributed to the coordinated licensure	

information system that is subsequently required to be expunged

by the laws of the party state contributing that information shall

also be expunged from the coordinated licensure information



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1	system.
2	Sec. 7. The compact administrators, acting jointly and in
3	consultation with the administrator of the coordinated licensure
4	information system, shall formulate necessary and proper
5	procedures for the identification, collection, and exchange of
6	information under this compact.
7	Chapter 8. Compact Administration and Interchange of
8	Information
9	Sec. 1. The head of the nurse licensing board of each party state,
10	or that person's designee, shall be the administrator of this
11	compact for that person's state. For purposes of this article, the
12	executive director of the Indiana professional licensing agency or
13	the executive director's designee shall be the administrator of this
14	compact.
15	Sec. 2. The compact administrator of each party state shall
16	furnish to the compact administrator of each other party state any
17	information and documents, including, but not limited to, a
18	uniform data set of investigations, identifying information,
19	licensure data, and disclosable alternative program participation
20	information, to facilitate the administration of this compact.
21	Sec. 3. Compact administrators may develop uniform rules to
22	facilitate and coordinate implementation of this compact. These
23	uniform rules shall be adopted by a board under IC 25-23.3-6-1.
24	Chapter 9. Immunity
25	Sec. 1. Neither a party state nor an officer, employee, or agent
26	of a party state's nurse licensing board who acts in accordance
27	with this compact is liable on account of any act or omission in
28	good faith while engaged in the performance of duties under this
29	compact. Good faith in this article does not include willful
30	misconduct, gross negligence, or recklessness.
31	Chapter 10. Entry Into Force, Withdrawal, and Amendment
32	Sec. 1. This compact becomes effective as to any state when it
33	has been enacted into the laws of that state. Any party state may
34	withdraw from this compact.
35	Sec. 2. No withdrawal affects the validity or applicability by the
36	licensing boards of states remaining party to the compact of any
37	report of adverse action occurring before the withdrawal.
38	Sec. 3. This compact shall not be construed to invalidate or
39	prevent any nurse licensure agreement or other cooperative
40	arrangement between a party state and a nonparty state that is
41	made in accordance with this compact.

Sec. 4. This compact may be amended by the party states. No



amendment to this compact becomes effective and binding upon the party states unless and until it is enacted into the laws of all party states.

Chapter 11. Construction and Severability

Sec. 1. This compact shall be liberally construed to effectuate its purposes. The provisions of this compact are severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or if the applicability of this compact to any government, agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability of this compact to any government, agency, person, or circumstance is not affected thereby. If this compact is held contrary to the constitution of any party state, this compact remains in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to a severable matter.

Sec. 2. If party states find a need for settling disputes arising under this compact:

- (1) the party states may submit the issues in dispute to an arbitration panel comprised of an individual appointed by the compact administrator in the home state, an individual appointed by the compact administrator in each remote state involved, and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute; and
- (2) the decision of a majority of the arbitrators is final and binding.
- Sec. 3. (a) Notwithstanding any other law, this article does not take effect until July 1, 2009.
 - (b) This article expires July 1, 2012.

SECTION 27. IC 25-23.5-3-1.5, AS ADDED BY P.L.197-2007, SECTION 66, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1.5. (a) Except as provided in subsection (b), an occupational therapist may not provide occupational therapy services to a person until the person has been referred to the occupational therapist by one (1) of the following:

- (1) A physician licensed under IC 25-22.5.
- (2) A podiatrist licensed under IC 25-29.
- (3) An advanced practice nurse licensed under IC 25-23.
- (4) A psychologist licensed under IC 25-33. or
- (5) A chiropractor licensed under IC 25-10.
- 42 (6) An optometrist licensed under IC 25-24.



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1	(b) An occupational therapist may provide the following services
2	without a referral from a physician licensed under IC 25-22.5, a
3	podiatrist licensed under IC 25-29, an advanced practice nurse licensed
4	under IC 25-23, a psychologist licensed under IC 25-33, or a
5	chiropractor licensed under IC 25-10, or an optometrist licensed
6	under IC 25-24:
7	(1) Ergonomic or home assessment.
8	(2) Injury or illness prevention education and wellness services.
9	(3) Occupational therapy activities provided in an educational
10	setting.
11	(4) Occupational therapy activities that the board determines,
12	after reviewing the recommendations of the committee, are
13	appropriate to be conducted in a community based environment.
14	SECTION 28. IC 25-23.6-3-1 IS AMENDED TO READ AS
15	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 1. (a) An individual
16	may not:
17	(1) profess to be a licensed marriage and family therapist;
18	(2) use the title:
19	(A) "licensed marriage and family therapist";
20	(B) "marriage and family therapist"; or
21	(C) "family therapist";
22	(3) use any other words, letters, abbreviations, or insignia
23	indicating or implying that the individual is a licensed marriage
24	and family therapist; or
25	(4) practice marriage and family therapy for compensation;
26	unless the individual is licensed under this article, IC 25-22.5,
27	IC 25-23.6-8-1, or IC 25-33.
28	(b) An individual may not:
29	(1) profess to be a licensed marriage and family therapist
30	associate;
31	(2) use the title:
32	(A) "licensed marriage and family therapist associate";
33	(B) "marriage and family therapist associate"; or
34	(C) "family therapist associate";
35	(3) use any other words, letters, abbreviations, or insignia
36	indicating or implying that the individual is a licensed
37	marriage and family therapist associate; or
38	(4) practice marriage and family therapy for compensation;
39	unless the individual is licensed under IC 25-22.5, IC 25-23.6-8-1.5,
40 41	or IC 25-33.
41	SECTION 29. IC 25-23.6-3-2, AS AMENDED BY P.L.2-2007,
12	CECTION 220 IC AMENDED TO DEAD AC FOLLOWS



1	[EFFECTIVE JULY 1, 2008]: Sec. 2. (a) This article may not be
2	construed to limit the marriage and family therapy services performed
3	by a person who does not use a title specified in this article and who is
4	one (1) of the following:
5	(1) A licensed or certified health care professional acting within
6	the scope of the person's license or certificate.
7	(2) A student, an intern, or a trainee pursuing a course of study in
8	medicine or psychology or a course of study to gain licensure
9	under this article in an accredited eligible postsecondary
10	educational institution or training institution or is a graduate
11	accumulating experience required for licensure if:
12	(A) the activities are performed under qualified supervision
13	and constitute a part of the person's supervised course of study
14	or other level of supervision; and
15	(B) the student or graduate uses a title that contains the term
16	"intern" or "trainee";
17	(3) Not a resident of Indiana if the person performed services in
18	Indiana for not more than five (5) days in any one (1) month and
19	not more than fifteen (15) days in any one (1) calendar year and
20	the person is authorized to perform such services under the laws
21	of the state or country in which the person resides.
22	(4) A rabbi, priest, Christian Science practitioner, minister, or
23	other member of the clergy.
24	(5) An employee of or a volunteer for a nonprofit corporation or
25	an organization performing charitable, religious, or educational
26	functions, providing pastoral counseling or other assistance.
27	(6) A person who provides school counseling or a person who is
28	certified by a state or national organization that is recognized by
29	the Indiana division of mental health and addiction and who
30	provides counseling in the areas of alcohol or drug abuse
31	addictions.
32	(b) Nothing in this section prohibits a person referred to in
33	subsection (a) from qualifying for licensure under this article.
34	SECTION 30. IC 25-23.6-3-4 IS AMENDED TO READ AS
35	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 4. (a) An individual
36	who is licensed as a marriage and family therapist under
37	IC 25-23.6-8-1 shall:
38	(1) display the license or a clear copy of the license at each
39	location where the marriage and family therapist regularly
40	practices; and
41	(2) include the words "licensed marriage and family therapist" or

the letters "LMFT" on all promotional materials, including



1	business cards, brochures, stationery, advertisements, and signs	
2	that name the individual.	
3	(b) An individual who is licensed as a marriage and family	
4	therapist associate under IC 25-23.6-8-1.5 shall:	
5	(1) display the license or a clear copy of the license at each	
6	location where the marriage and family therapist associate	
7	regularly practices; and	
8	(2) include the words "licensed marriage and family therapist	
9	associate" or the letters "LMFTA" on all promotional	
10	materials, including business cards, brochures, stationery,	
11	advertisements, and signs that name the individual.	
12	SECTION 31. IC 25-23.6-8-1, AS AMENDED BY P.L.2-2007,	
13	SECTION 337, IS AMENDED TO READ AS FOLLOWS	
14	[EFFECTIVE JULY 1, 2008]: Sec. 1. An individual who applies for a	
15	license as a marriage and family therapist must meet the following	_
16	requirements:	
17	(1) Furnish satisfactory evidence to the board that the individual	
18	has:	
19	(A) received a master's or doctor's degree in marriage and	
20	family therapy, or in a related area as determined by the board	
21	from an eligible postsecondary educational institution that	
22	meets the requirements under section 2.1(a)(1) of this chapter	
23	or from a foreign school that has a program of study that meets	
24	the requirements under section $2.1(a)(2)$ or $(2.1)(a)(3)$ of this	
25	chapter; and	
26	(B) completed the educational requirements under section 2.5	_
27	of this chapter.	
28	(2) Furnish satisfactory evidence to the board that the	
29	individual has met the clinical experience requirements under	
30	section 2.7 of this chapter.	
31	(3) Furnish satisfactory evidence to the board that the	
32	individual:	
33	(A) holds a marriage and family therapist associate license,	
34	in good standing, issued under section 5 of this chapter; or	
35	(B) is licensed or certified to practice as a marriage and	
36	family therapist in another state and is otherwise qualified	
37	under this chapter.	
38	(2) (4) Furnish satisfactory evidence to the board that the	
39	individual does not have a conviction for a crime that has a direct	
40	bearing on the individual's ability to practice competently.	
41	(3) (5) Furnish satisfactory evidence to the board that the	
42	individual has not been the subject of a disciplinary action by a	



1	licensing or certification agency of another state or jurisdiction on
2	the grounds that the individual was not able to practice as a
3	marriage and family therapist without endangering the public.
4	(4) Pass an examination provided by the board.
5	(5) (6) Pay the fee established by the board.
6	SECTION 32. IC 25-23.6-8-1.5 IS ADDED TO THE INDIANA
7	CODE AS A NEW SECTION TO READ AS FOLLOWS
8	[EFFECTIVE JULY 1, 2008]: Sec. 1.5. An individual who applies for
9	a license as a marriage and family therapist associate must meet
10	the following requirements:
11	(1) Furnish satisfactory evidence to the board that the
12	individual has:
13	(A) received a master's or doctor's degree in marriage and
14	family therapy, or in a related area as determined by the
15	board from an institution of higher education that meets
16	the requirements under section $2.1(a)(1)$ of this chapter or
17	from a foreign school that has a program of study that
18	meets the requirements under section $2.1(a)(2)$ or $2.1(a)(3)$
19	of this chapter; and
20	(B) completed the educational requirements under section
21	2.5 of this chapter.
22	(2) Furnish satisfactory evidence to the board that the
23	individual does not have a conviction for a crime that has a
24	direct bearing on the individual's ability to practice
25	competently.
26	(3) Furnish satisfactory evidence to the board that the
27	individual has not been the subject of a disciplinary action by
28	a licensing or certification agency of another state or
29	jurisdiction on the grounds that the individual was not able to
30	practice as a marriage and family therapist without
31	endangering the public.
32	(4) Pay the fee established by the board.
33	(5) Pass an examination provided by the board.
34	SECTION 33. IC 25-23.6-8-2.1, AS AMENDED BY P.L.2-2007,
35	SECTION 338, IS AMENDED TO READ AS FOLLOWS
36	[EFFECTIVE JULY 1, 2008]: Sec. 2.1. (a) An applicant for a license
37	as a marriage and family therapist under section 1 of this chapter or
38	an applicant for a license as a marriage and family therapist
39	associate under section 1.5 of this chapter must have received a
40	master's or doctor's degree in marriage and family therapy, or in a

related area as determined by the board, from an eligible postsecondary

educational institution that meets the following requirements:



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1	(1) If the institution was located in the United States or a territory
2	of the United States, at the time of the applicant's graduation the
3	institution was accredited by a regional accrediting body
4	recognized by the Commission on Recognition of Postsecondary
5	Accreditation.
6	(2) If the institution was located in Canada, at the time of the
7	applicant's graduation the institution was a member in good
8	standing with the Association of Universities and Colleges of
9	Canada.
10	(3) If the institution was located in a foreign country other than
11	Canada, at the time of the applicant's graduation the institution:
12	(A) was recognized by the government of the country where
13	the school was located as a program to train in the practice of
14	marriage and family therapy or psychotherapy; and
15	(B) maintained a standard of training substantially equivalent
16	to the standards of institutions accredited by a regional
17	accrediting body recognized by the Commission on
18	Recognition of Postsecondary Accreditation.
19	(b) An applicant for a license as a marriage and family therapist
20	under section 1 of this chapter or an applicant for a license as a
21	marriage and family therapist associate under section 1.5 of this
22	chapter who has a master's or doctoral degree from a program that did
23	not emphasize marriage and family therapy may complete the course
24	work requirement from an institution that is:
25	(1) accredited by the Commission on Accreditation for Marriage
26	and Family Therapy Education; and
27	(2) recognized by the United States Department of Education.
28	SECTION 34. IC 25-23.6-8-2.5, AS AMENDED BY P.L.2-2007,
29	SECTION 339, IS AMENDED TO READ AS FOLLOWS
30	[EFFECTIVE JULY 1, 2008]: Sec. 2.5. (a) An applicant for a license
31	as a marriage and family therapist under section 1 of this chapter or
32	an applicant for a license as a marriage and family therapist
33	associate under section 1.5 of this chapter must complete the
34	following educational requirements:
35	(1) Except as provided in subsection (b), complete twenty-seven
36	(27) semester hours or forty-one (41) quarter hours of graduate
37	course work that must include graduate level course credits with
38	material in at least the following content areas:
39	(A) Theoretical foundations of marriage and family therapy.
40	(B) Major models of marriage and family therapy.
41	(C) Individual development.
42	(D) Family development and family relationships.







1	(E) Clinical problems.
2	(F) Collaboration with other disciplines.
3	(G) Sexuality.
4	(H) Gender and sexual orientation.
5	(I) Issues of ethnicity, race, socioeconomic status, and culture.
6	(J) Therapy techniques.
7	(K) Behavioral research that focuses on the interpretation and
8	application of research data as it applies to clinical practice.
9	The content areas may be combined into any one (1) graduate
10	level course, if the applicant can prove that the course work was
11	devoted to each content area.
12	(2) Not less than one (1) graduate level course of two (2) semester
13	hours or three (3) quarter hours in the following areas:
14	(A) Legal, ethical, and professional standards issues in the
15	practice of marriage and family therapy or an equivalent
16	course approved by the board.
17	(B) Appraisal and assessment for individual or interpersonal
18	disorder or dysfunction.
19	(3) At least one (1) supervised clinical practicum, internship, or
20	field experience in a marriage and family counseling setting that
21	meets the following requirements:
22	(A) The applicant provided five hundred (500) face to face
23	client contact hours of marriage and family therapy services
24	under the supervision of a licensed marriage and family
25	therapist who has at least five (5) years of experience or a
26	qualified supervisor approved by the board.
27	(B) The applicant received one hundred (100) hours of
28	supervision from a licensed marriage and family therapist who
29	has at least five (5) years experience as a qualified supervisor.
30	The requirements under subdivisions (A) and (B) may be met by
31	a supervised practice experience that took place away from an
32	institution of higher education but that is certified by an official
33	of the eligible postsecondary educational institution as being
34	equivalent to a graduate level practicum or internship program at
35	an institution accredited by an accrediting agency approved by the
36	United States Department of Education Commission on
37	Recognition of Postsecondary Education, the Association of
38	Universities and Colleges of Canada, or the Commission on
39	Accreditation for Marriage and Family Therapy Education.
40	(b) The following graduate work may not be used to satisfy the
41	content area requirements under subsection (a):
42	(1) Thesis or dissertation work.











1	(2) Practicums, internships, or fieldwork.
2	SECTION 35. IC 25-23.6-8-2.7, AS AMENDED BY P.L.197-2007,
3	SECTION 35.16 25-25.0-0-2.7, AS AMENDED BY 1.E.197-2007, SECTION 85, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
4	JULY 1, 2008]: Sec. 2.7. (a) An applicant for a license as a marriage
5	and family therapist under section 1 of this chapter must have at least
6	two (2) years of clinical experience, during which at least fifty percent
7	(50%) of the applicant's clients were receiving marriage and family
8	therapy services. The applicant's clinical experience must include one
9	thousand (1,000) hours of post degree clinical experience and two
10	hundred (200) hours of post degree clinical supervision, of which one
11	hundred (100) hours must be individual supervision, under the
12	supervision of a licensed marriage and family therapist who has at least
13	five (5) years of experience or an equivalent supervisor, as determined
14	by the board.
15	(b) Within the two (2) years Before an individual obtains any post
16	degree clinical experience, the individual must be licensed as a
17	marriage therapist associate under this chapter. When obtaining
18	the clinical experience required under subsection (a), the applicant
19	must provide direct individual, group, and family therapy and
20	counseling to the following categories of cases:
21	(1) Unmarried couples.
22	(2) Married couples.
23	(3) Separating or divorcing couples.
24	(4) Family groups, including children.
25	(c) A doctoral internship may be applied toward the supervised
26	work experience requirement.
27	(d) Except as provided in subsection (e), the experience requirement
28	may be met by work performed at or away from the premises of the
29	supervising marriage and family therapist.
30	(e) The work requirement may not be performed away from the
31	supervising marriage and family therapist's premises if:
32	(1) the work is the independent private practice of marriage and
33	family therapy; and
34	(2) the work is not performed at a place that has the supervision
35	of a licensed marriage and family therapist or an equivalent
36	supervisor, as determined by the board.
37	SECTION 36. IC 25-23.6-8-3 IS AMENDED TO READ AS
38	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 3. An individual who
39	satisfies the requirements of sections + and 2 section 1.5(1) through
40	1.5(4) of this chapter may take the examination provided by the board.

SECTION 37. IC 25-23.6-8-5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 5. The board shall issue



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1	a marriage and family therapist license or marriage and family
2	therapist associate license, as appropriate, to an individual who:
3	(1) achieves a passing score, as determined by the board, on the
4	examination provided under this chapter; and
5	(2) is otherwise qualified under this article.
6	SECTION 38. IC 25-23.6-8-8 IS AMENDED TO READ AS
7	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 8. (a) A marriage and
8	family therapist license issued by the board is valid for the remainder
9	of the renewal period in effect on the date the license was issued.
10	(b) An individual may renew a marriage and family therapist
11	license by:
12	(1) paying a renewal fee on or before the expiration date of the
13	license; and
14	(2) completing not less than fifteen (15) hours of continuing
15	education each licensure year.
16	(c) If an individual fails to pay a renewal on or before the expiration
17	date of a license, the license becomes invalid.
18	SECTION 39. IC 25-23.6-8-8.5 IS ADDED TO THE INDIANA
19	CODE AS A NEW SECTION TO READ AS FOLLOWS
20	[EFFECTIVE JULY 1, 2008]: Sec. 8.5. (a) A marriage and family
21	therapist associate license issued by the board is valid for the
22	remainder of the renewal period in effect on the date the license
23	was issued.
24	(b) An individual may renew a marriage and family therapist
25	associate license two (2) times by:
26	(1) paying a renewal fee on or before the expiration date of
27	the license; and
28	(2) completing not less than fifteen (15) hours of continuing
29	education each licensure year.
30	(c) The board may renew a marriage and family therapist
31	associate license for additional periods based on circumstances
32	determined by the board.
33	(d) If an individual fails to pay a renewal fee on or before the
34	expiration date of a license, the license becomes invalid.
35	SECTION 40. IC 25-23.6-8-9 IS AMENDED TO READ AS
36	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 9. (a) The board may
37	reinstate an invalid marriage and family therapist license issued
38	under section 5 of this chapter up to three (3) years after the
39	expiration date of the license if the individual holding the invalid
40	license meets the requirements under IC 25-1-8-6.
41	(b) If more than three (3) years have elapsed since the date a

marriage and family therapist license expired, the individual holding



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1	the license may renew the license by satisfying the requirements for
2	renewal established by the board and meeting the requirements under
3	IC 25-1-8-6.
4	(c) The board may reinstate an invalid marriage and family
5	therapist associate license issued under section 5 of this chapter up
6	to one (1) year after the expiration date of the license if the
7	individual holding the invalid license meets the requirements under
8	IC 25-1-8-6. An associate license that has been expired for more
9	than one (1) year may not be reinstated under IC 25-1-8-6.
10	SECTION 41. IC 25-23.6-8-11 IS AMENDED TO READ AS
11	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 11. (a) An individual
12	who is licensed as a marriage and family therapist under this article
13	chapter shall notify the board in writing when the individual retires
14	from practice.
15	(b) Upon receipt of the notice, the board shall:
16	(1) record the fact the individual is retired; and
17	(2) release the individual from further payment of renewal fees
18	and continuing education requirements.
19	SECTION 42. IC 25-23.6-8-13 IS AMENDED TO READ AS
20	FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 13. (a) An individual
21	who applies for a marriage and family therapist license under
22	section 1 of this article chapter may be exempted by the board from
23	the examination requirement under this chapter if the individual:
24	(1) complies with subsection (b); and
25	(1) (2) is licensed or certified to practice as a marriage and family
26	therapist in another state or (2) has engaged in the practice of
27	marriage and family therapy for at least three (3) of the previous
28	five (5) years.
29	(b) An individual may be exempted under subsection (a) if the
30	individual:
31	(3) (1) has passed a licensing examination substantially
32	equivalent to the licensing examination required under this
33	article;
34	(4) (2) has passed an examination pertaining to the marriage and
35	family therapy laws and rules of this state; and
36	(5) (3) has not committed any act or is not under investigation for
37	any act that constitutes a violation of this article;
38	and is otherwise qualified under sections section 1 and 2 of this chapter
39	and pays an additional fee.
40	SECTION 43. IC 34-30-2-99.5 IS ADDED TO THE INDIANA
41	CODE AS A NEW SECTION TO READ AS FOLLOWS
42	[EFFECTIVE JULY 1, 2008]: Sec. 99.5. IC 25-23.3-9-1 (Concerning



acts and omissions under the Interstate nurse licensure compact).	
SECTION 44. IC 25-23-1-28 IS REPEALED [EFFECTIVE JULY	
1, 2008].	
SECTION 45. [EFFECTIVE JULY 1, 2008] (a) Notwithstanding	
IC 25-23.3, as added by this act, IC 25-23.3 may not be	
implemented until July 1, 2009.	
(b) The Indiana state board of nursing shall, not later than June	
30, 2009, adopt rules under IC 4-22-2 to administer IC 25-23.3, as	
added by this act.	
(c) This SECTION expires July 1, 2009.	
SECTION 46. An emergency is declared for this act.	
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	SECTION 44. IC 25-23-1-28 IS REPEALED [EFFECTIVE JULY 1, 2008]. SECTION 45. [EFFECTIVE JULY 1, 2008] (a) Notwithstanding IC 25-23.3, as added by this act, IC 25-23.3 may not be implemented until July 1, 2009. (b) The Indiana state board of nursing shall, not later than June 30, 2009, adopt rules under IC 4-22-2 to administer IC 25-23.3, as added by this act. (c) This SECTION expires July 1, 2009.



COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1172, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 9, line 1, strike "Subject to section".

Page 9, strike lines 2 through 3.

Page 9, line 20, reset in roman "If a licensed acupuncturist practices acupuncture on a patient".

Page 9, reset in roman line 21.

Page 9, line 22, reset in roman "the patient from a physician licensed under IC 25-22.5".

Page 9, line 22, after "IC 25-22.5" insert ",".

Page 9, line 23, reset in roman "the physician is immune from civil liability relating to".

Page 9, reset in roman lines 24 through 26.

Page 10, line 39, strike "eleemosynary" and insert "charitable".

Page 11, line 31, after "issued" insert "dental".

Page 12, line 19, delete "office".

Page 12, line 20, after "dentist" insert "with patient care".

Page 15, line 3, delete "(e)" and insert "(g)".

Page 15, line 4, delete "(f)," and insert "(h),".

Page 15, line 17, delete "course" and insert "curriculum".

Page 15, line 17, delete "anticariogenic".

Page 15, line 18, after "medicaments" insert "for the control or prevention of dental caries".

Page 15, line 18, after "dentist." insert "The curriculum must include instruction on the following:

- (1) Ethics and jurisprudence.
- (2) Reasons for fluorides.
- (3) Systemic fluoride.
- (4) Topical fluoride.
- (5) Fluoride application.
- (6) Laboratory work on topical fluoride applications and patient competency.".

Page 15, line 20, delete "course" and insert "curriculum".

Page 15, line 21, after "dentist." insert "The curriculum must include instruction on the following:

- (1) Ethics and jurisprudence.
- (2) Plaque and materia alba.
- (3) Intrinsic and extrinsic stain.
- (4) Abrasive agents.

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- (5) Use of a slow speed hand piece, prophy cup, and occlusal polishing brush.
- (6) Theory of selective polishing.
- (7) Laboratory work concerning slow speed hand piece, hand dexterity, and patient competency.".

Page 15, delete lines 22 through 42.

Page 16, delete lines 1 through 16.

Page 32, line 4, after "3." insert "(a) Notwithstanding any other law, this article does not take effect until July 1, 2009.

(b)".

Page 32, delete lines 30 through 42.

Delete pages 33 through 35.

Page 36, delete lines 1 through 31.

Page 37, between lines 16 and 17, begin a new paragraph and insert: "SECTION 40. IC 25-23.6-3-2, AS AMENDED BY P.L.2-2007, SECTION 330, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2008]: Sec. 2. (a) This article may not be construed to limit the marriage and family therapy services performed by a person who does not use a title specified in this article and who is one (1) of the following:

- (1) A licensed or certified health care professional acting within the scope of the person's license or certificate.
- (2) A student, an intern, or a trainee pursuing a course of study in medicine or psychology or a course of study to gain licensure under this article in an accredited eligible postsecondary educational institution or training institution or is a graduate accumulating experience required for licensure if:
 - (A) the activities are performed under qualified supervision and constitute a part of the person's supervised course of study or other level of supervision; and
 - (B) the student or graduate uses a title that contains the term "intern" or "trainee";
- (3) Not a resident of Indiana if the person performed services in Indiana for not more than five (5) days in any one (1) month and not more than fifteen (15) days in any one (1) calendar year and the person is authorized to perform such services under the laws of the state or country in which the person resides.
- (4) A rabbi, priest, Christian Science practitioner, minister, or other member of the clergy.
- (5) An employee of or a volunteer for a nonprofit corporation or an organization performing charitable, religious, or educational functions, providing pastoral counseling or other assistance.

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- (6) A person who provides school counseling or a person who is certified by a state or national organization that is recognized by the Indiana division of mental health and addiction and who provides counseling in the areas of alcohol or drug abuse addictions.
- (b) Nothing in this section prohibits a person referred to in subsection (a) from qualifying for licensure under this article.".

Page 37, delete lines 37 through 42.

Page 38, delete lines 1 through 32.

Page 42, line 36, after "years" insert "Before an individual obtains any post degree clinical experience, the individual must be licensed as a marriage therapist associate under this chapter.".

Page 44, line 27, after "IC 25-1-8-6." insert "An associate license that has been expired for more than one (1) year may not be reinstated under IC 25-1-8-6.".

Page 45, delete lines 16 through 42.

Delete pages 46 through 53.

Page 54, delete lines 1 through 39.

Page 55, delete lines 2 through 3, begin a new paragraph and insert: "SECTION 57. IC 25-23-1-28 IS REPEALED [EFFECTIVE JULY 1, 2008].".

Page 55, delete lines 11 through 42.

Delete page 56.

Page 57, delete lines 1 through 8.

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to HB 1172 as introduced.)

BROWN C, Chair

Committee Vote: yeas 8, nays 2.







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